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**PATENT - POWER OF ATTORNEY
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Patent Number	6,635,249
Issue Date	October 21, 2003
First Named Inventor	Mark MARCHIONNI
Title	Method for Treating Congestive Heart Failure
Attorney Docket Number	ACOR.P0028US

I hereby revoke all previous powers of attorney given in the above-identified patent.

☐ A Power of Attorney is submitted herewith.

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SIGNATURE of Inventor or Patent Owner

Signature

Date

Name

Telephone

Title and Company

Richard Stevens /The Brigham and Women's Hospital, Inc.

NOTE: Signatures of all the inventors or other persons whose names are listed on the front page of the application are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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